

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Dr. Alex Yuen
1915 10th Street
Douglas, AZ 85607

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
 Received by (Printed Name) Dr. Alex Yuen

B. Received by (Printed Name) Dr. Alex Yuen C. Date of Delivery 11/14/06

D. Is delivery address different from item 1? ☒ Yes
 If YES, enter delivery address below: 1915 10th Street

1915 10th Street
 Douglas, AZ 85607

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number

(If from service label)

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

EXHIBIT "A"